

<i>SERFF Tracking Number:</i>	<i>AEGB-128476161</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>TLTL2300IP</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)</i>
<i>Product Name:</i>	<i>TLTL2300IP</i>		
<i>Project Name/Number:</i>	<i>Simplified Issue Term - 10, 15, 20 Year {TL}/L044</i>		

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLTL2300IP

SERFF Tr Num: AEGB-128476161 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-Closed  
State Tr Num:

Sub-TOI: L04I.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)

Co Tr Num: TLTL2300IP

State Status: Approved-Closed

Filing Type: Form

Author: Cathy Wynn

Reviewer(s): Linda Bird

Date Submitted: 06/15/2012

Disposition Date: 06/22/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Simplified Issue Term - 10, 15, 20 Year {TL}

Project Number: L044

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Cathy Wynn

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC #468-86231

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/22/2012

State Status Changed: 06/22/2012

Created By: Cathy Wynn

Corresponding Filing Tracking Number:  
3Y001008

TLTL2300IP -AR- Individual 10, 15, or 20 Year Term Life Insurance Policy

TLTL2300IPA - Application

SERFF Tracking Number: AEGB-128476161 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number:  
Company Tracking Number: TLTL2300IP  
TOI: L041 Individual Life - Term Sub-TOI: L041.214 Specified Age or Duration -  
Fixed/Indeterminate Premium - Joint (First to Die)  
Product Name: TLTL2300IP  
Project Name/Number: Simplified Issue Term - 10, 15, 20 Year [TL]/L044

Actuarial Memorandum  
Rate Table

Attached for review and approval are copies of the above referenced forms. The forms are new form and are not intended to replace any form previously approved by your state. No part of this filing contains any items that are not industry standards.

Term life insurance policy TLTL2300IP-AR provides a level death benefit for a term of 10, 15, or 20 years. The policy is designed to cover a principal insured only or a principal insured and his/her spouse. Cover for a principal insured and his/her spouse may occur if both spouses apply at the same time using the same application form and are both accepted for coverage. Each spouse may select their own death benefit amount but the principal insured selects term of coverage (10, 15, or 20 years). Premiums are level but subject to change after the first policy anniversary. Premiums will not exceed the guaranteed maximum premium that is stated on a policy schedule. There is a \$30 annual policy fee that is added to the principal insured's premium.

This policy is for general use and will be sold on an individual basis via direct response/direct mail, telemarketing, and/or the internet. This policy form will not be illustrated.

Application form TLTL2300IPA will be used to underwrite the policy. An actuarial memorandum is attached.

The policy form is subject to only minor modifications in paper size and stock, ink, border, company logo, company address, adaptation to computer printing and officers' signatures. The application form is also subject to modification in paper size and stock, ink, border, company address, and adaptation to computer printing and internet, as well as being printed for one applicant or two applicants (principal insured and spouse).

State Narrative:

## Company and Contact

### Filing Contact Information

Cathy Wynn,  
2839 Paces Ferry Road  
Suite 750  
Atlanta, GA 30339  
Cathy.Wynn@transamerica.com  
678-402-2404 [Phone]

### Filing Company Information

Transamerica Life Insurance Company  
4333 Edgewood Road, NE  
CoCode: 86231  
Group Code: 468  
State of Domicile: Iowa  
Company Type:

SERFF Tracking Number: AEGB-128476161 State: Arkansas  
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 Fixed/Indeterminate Premium - Joint (First to Die)

Product Name: TLTL2300IP

Project Name/Number: Simplified Issue Term - 10, 15, 20 Year {TL}/L044

Cedar Rapids, IA 52499  
 (319) 355-7888 ext. [Phone]

Group Name:  
 FEIN Number: 39-0989781

State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form. 2 forms submitted.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$100.00	06/15/2012	60196719

SERFF Tracking Number: AEGB-128476161 State: Arkansas

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/22/2012	06/22/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/21/2012	06/21/2012	Cathy Wynn	06/21/2012	06/21/2012

<i>SERFF Tracking Number:</i>	<i>AEGB-128476161</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 06/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Transamerica Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: AEGB-128476161 State: Arkansas

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Product Name: TLTL2300IP

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Form	Individual Term Policy		Yes
Form	Application		Yes
Rate	Rate Sheet		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/21/2012  
Submitted Date 06/21/2012  
Respond By Date 07/23/2012

Dear Cathy Wynn,

This will acknowledge receipt of the captioned filing.

### Objection 1

#### Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

The Actuarial Memo was not attached to the Supporting Documentation on the submission.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/21/2012  
Submitted Date 06/21/2012

Dear Linda Bird,

### Comments:

Thank you for your letter of June 21st, 2012 outlining your objection to our filing.

### Response 1

Comments: I inadvertently attached the wrong document. Please accept my apology for any inconvenience I may have caused.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

The Actuarial Memo was not attached to the Supporting Documentation on the submission.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I trust you will be able to continue with your review and final approval of our filing. Please contact me with any concerns you may have regarding this filing.



*SERFF Tracking Number:*      *AEGB-128476161*      *State:*      *Arkansas*  
*Filing Company:*      *Transamerica Life Insurance Company*      *State Tracking Number:*  
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*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.214 Specified Age or Duration -*  
*Fixed/Indeterminate Premium - Joint (First to*  
*Die)*

*Product Name:*      *TLTL2300IP*  
*Project Name/Number:*      *Simplified Issue Term - 10, 15, 20 Year {TL}/L044*

Sincerely,  
Cathy Wynn

SERFF Tracking Number: AEGB-128476161 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number:

Company Tracking Number: TLTL2300IP

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## Form Schedule

Lead Form Number: TLTL2300IP

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TLTL2300IP-AR	Policy/Contract/Individual Term	Individual Term Policy Certificate	Initial		53.400	Microsoft Word - TLTL2300IP-AR.pdf
	TLTL2300IP-PA	Application/Enrollment Form	Application Enrollment Form	Initial			Microsoft Word - TLTL2300IP-PA.pdf

# TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company  
Home Office: 4333 Edgewood Road N.E., Cedar Rapids IA 52499  
Administrative Offices: [Valley Forge, PA 19493]

[1-800-732-1821]

## FOR YOUR INFORMATION

This is a term life insurance Policy. It provides non-renewable life insurance for the Term of Coverage that is stated in the Policy Schedule. In this Policy, Transamerica Life Insurance Company is referred to as "we," "our," or "us." The Primary Insured is "you," "your," or "yours". The Policy is a legal contract. We rely on your Application to issue it. We depend on your payment of Premium when it is due. You rely on us to honor its terms.

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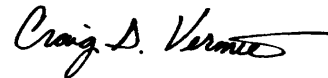
**YOUR RIGHT TO EXAMINE THE POLICY FOR 30 DAYS:** You may return this Policy for any reason within 30 days of the date you receive it. Any Premium paid is immediately refunded. The Policy is treated as if it never existed. No benefits are paid.

**GUARANTEED RENEWABLE:** We promise to renew this Policy until the Policy Expiration Date that is shown on the Policy Schedule as long as all Premiums are paid when due.

**IN WITNESS,** this Policy is signed by our President and Secretary.



President



Secretary

[TEN] [FIFTEEN] [TWENTY] YEAR LEVEL TERM LIFE INSURANCE POLICY  
NON-RENEWABLE  
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST POLICY ANNIVERSARY  
CONVERTIBLE NON-PARTICIPATING

## POLICY SCHEDULE

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POLICY NUMBER: [123456]  
EFFECTIVE DATE: [09/01/2012]  
ISSUE DATE: [08/05/2012]  
TERM OF COVERAGE: [TEN] [FIFTEEN] [TWENTY] Years  
POLICY EXPIRATION DATE: [08/31/2022]  
POLICY OWNER: [JOHN DOE]

**PRINCIPAL INSURED:** [John Doe]

**PRINCIPAL INSURED'S FACE AMOUNT:** [\$25,000.00]

AGE AT ISSUE: [35]

SEX: [Male]

TOBACCO USE: [YES] [NO] Within Past 12 Months

RENEWAL PREMIUM (Includes a \$30.00 annual policy fee):

\$[9.68]	\$[27.95]	\$[54.83]	\$[107.50]
MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY

GUARANTEED MAXIMUM [ANNUAL] PREMIUM: \$[168.50]

**INSURED SPOUSE:** [Jane Doe]

**INSURED SPOUSE'S FACE AMOUNT:** \$[100,000.00]

AGE AT ISSUE: [35]

SEX: [Female]

TOBACCO USE: [YES] [NO] Within Past 12 Months

RENEWAL PREMIUM:

\$[24.93]	\$[72.02]	\$[141.27]	\$[277.00]
MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY

GUARANTEED MAXIMUM [ANNUAL] PREMIUM: \$[430.00]

The above Renewal Premiums are guaranteed during the first year of coverage. Premiums may be adjusted any time after the first Policy Anniversary but will never exceed the Guaranteed Maximum Premium. Premiums may not be adjusted more than once in any twelve month period.

## **PART I: DEFINITIONS**

**AGE** means, on the Policy Effective Date, the age an Insured became on his or her last birthday.

**BENEFICIARY** means the person(s) designated to receive the benefit when an Insured dies.

**INSURED** means the Principal Insured or Insured Spouse, if any, named in the Policy Schedule.

**OWNER** means the Policyowner. The Policyowner is named on the Policy Schedule. You are the Owner unless you designate someone else to be the Owner. Ownership is explained in Part VIII: Terms And Conditions.

**POLICY ANNIVERSARY** means any anniversary of the date this Policy takes effect.

**POLICY EFFECTIVE DATE** means the date your coverage starts.

**POLICY EXPIRATION DATE** means the date your coverage is scheduled to stop.

**POLICY YEAR** means the 12 month period ending on any Policy Anniversary.

**PREMIUM** means the payment required to keep your insurance in force.

**PRINCIPAL INSURED** means the person named as the Principal Insured in the Policy Schedule and who is referred to as “you” or “your” in this Policy. The Principal Insured is the Owner of this Policy unless he or she designates someone else to be the Owner.

**SPOUSE** means your lawful spouse.

## **PART II: WHEN COVERAGE STARTS AND STOPS**

### **A. WHEN COVERAGE STARTS**

This insurance takes effect only after two things happen while the Principal Insured and Insured Spouse, if any, are alive:

1. we approve your Application; and
2. we receive your first Premium [on or before][within 21 days of] the Policy Effective Date.

Coverage then starts at 12:01 A.M. Standard Time at your home on the Policy Effective Date.

### **B. WHEN COVERAGE STOPS**

An Insured's coverage stops on the earliest of:

1. the date of his or her death;
2. 12:00 P.M. on the Policy Expiration Date;
3. The date coverage is converted to an individual permanent life insurance policy; or
4. the date we receive your request to cancel the Policy.

In the event the Principal Insured (you) dies while this policy is in force, the Insured Spouse, if any, will become the Principal Insured. The former Insured Spouse's premium will be adjusted to become that of a Principal Insured based on his or her Age and sex on the Policy Effective Date that is shown on the Policy Schedule. We will provide the Principal Insured with a policy endorsement showing the adjusted premium rate.

Only you may cancel this Policy. You may cancel it by notifying us in writing, or verbally by telephone, or by any other means acceptable to us. If you do not specify a date, your cancellation is effective on the date we receive your request to cancel. Any Premium paid beyond the date of cancellation is refunded. Cancellation is without prejudice to any claim originating prior to the date of cancellation. No benefits are paid for any loss which occurs after the date your coverage stops.

### PART III: WHAT BENEFITS WE PAY

We pay a death benefit when an Insured dies while he or she is covered under this Policy. The amount we pay is equal to the Insured's Face Amount that is shown on the Policy Schedule. Before we pay we must be given Proof of Loss.

**SUICIDE:** If an Insured dies by suicide during the two years following the Policy Effective Date, the benefit is limited to the amount of premiums paid.

**INTEREST AT SETTLEMENT:** We will pay interest at the rate of 8% a year from the date of death if benefits and unearned premium, if any, are not paid within 30 days after the Proof of Loss has been furnished.

### PART IV: HOW WE PAY BENEFITS

Any benefit under this Policy is paid in a lump sum. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments as shown in the table below. The monthly installments are based on an interest of 3% per annum.

If the Beneficiary dies before all installments are paid, the remaining installments are commuted into one sum at 3% per annum and paid to the estate.

#### Installments for each \$1000 of Face Amount

<u>Number of years Installments are to be paid</u>	<u>Amount of Each Monthly Installment</u>
2	\$42.86
3	28.99
4	22.06
5	17.91
10	9.61
15	6.87
20	5.51

### PART V: WHO RECEIVES THE BENEFITS

**BENEFICIARY:** If you are the Owner, you choose the person who receives the benefit when you die. This person is called the Beneficiary. If there is no Beneficiary when you die, benefits are paid: (1) to your living Spouse; or (2) if you do not have one, in equal shares to your living, lawful children; or (3) if there are none, in equal shares to your living, lawful parents; or (4) if there are none, to your estate. Spouse means only the one to whom you are lawfully married on the date of your death. For the purposes of determining who benefits are paid to, "step" children and "step" parents are not considered to be your lawful children or parents.

The Beneficiary for any insurance on the life of your Insured Spouse, if any, is you and cannot be changed.

**CHANGING THE BENEFICIARY:** If you are the Owner you can change your Beneficiary at any time unless you name an irrevocable Beneficiary. An irrevocable Beneficiary is one that can never be changed unless the beneficiary approves the change. We must receive written notice of any change. The change is effective on the date the request for change is signed by you and any irrevocable Beneficiary.

### PART VI: CONVERSION TO A PERMANENT LIFE INSURANCE POLICY

An Insured may convert his or her coverage under this Policy to an individual permanent life insurance policy prior to the Policy Expiration Date shown on the Policy Schedule. This is subject to what individual permanent life insurance policy we then have available, if any. This Policy must be in force at the time of the conversion. The conversion may only occur on premium due dates. We require 31 days prior written notice. The amount of life insurance under the new policy may not exceed the Insured's Face Amount under this Policy. It may be converted without medical exam or other evidence of insurability. However, any application attached to this Policy may be made part of the permanent life insurance policy. It may be used to contest benefits under the permanent life insurance policy during the balance of the time that it may be contested under this Policy. The new premium will be based on the Insured's Age and sex at the time he or she converts to the new policy.

**COVERED SPOUSE'S CONVERSION:** An Insured Spouse may also convert to a permanent life insurance policy within 31 days after: (a) the date the Primary Insured converts to a permanent life insurance policy; or (b) the date he or she is no longer your Spouse. If an Insured Spouse dies during this 31 day period, we pay the amount of term life insurance which such Spouse had the right to convert. This is paid to you. We pay even if application for the permanent life insurance policy was not made.

## **PART VII: PREMIUMS**

**PREMIUM PAYMENTS:** You keep your Policy in force by paying the Premiums. Premiums are payable to the Policy Expiration Date. All Premiums after the initial Premium must be paid in advance at our Administrative Office, subject to the Grace Period. Premiums are also payable to an authorized agent in exchange for an official receipt signed by our President and Secretary. We do not have the right to refuse a Premium paid on or before the date due or within the Grace Period.

**RIGHT TO ADJUST PREMIUM RATES:** We may change rates by class on any date. We will not increase an Insured's rate in the first Policy Year. After the first Policy Anniversary, rates will not increase more than once in any 12 month period. Class means all individuals of the same age, sex, and underwriting classification. There will be no change in an Insured's class due to any physical impairment. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. We will provide written notice at least 60 days before the date of change. An Insured's Premium rates will never exceed the Guaranteed Maximum Premium that is listed in the Policy Schedule.

**GRACE PERIOD:** We allow a grace period of 31 days to pay each Premium due after the first one. Coverage continues during this Grace Period. If you die during the Grace Period, any Premium due is deducted from the death benefit. This provision applies as long as the Policy has not stopped.

**REINSTATEMENT:** If your Policy stops because Premiums have not been paid, it may be reinstated. This happens if you: (1) make written request for Reinstatement; (2) send satisfactory evidence of insurability; (3) are alive on the date of Reinstatement; and (4) make your request within 5 years of when the Premium was due and prior to Policy Expiry Date.

Reinstatement is subject to payment of all overdue Premiums. We charge 6% interest compounded annually on overdue Premiums.

**UNEARNED PREMIUM REFUND:** A refund of unearned Premium is payable to your Beneficiary if you die while covered under this Policy. A refund of unearned premium is payable to you if your Insured Spouse dies while covered under this Policy. Unearned Premium is any amount paid that would have been applied to the period of coverage beyond the date of an Insured's death.

## **PART VIII: TERMS AND CONDITIONS**

**INCONTESTABILITY:** This Policy will be incontestable after it has been in force during an Insured's lifetime for two years from its Effective Date. Incontestable means we may not deny benefits except for non-payment of Premiums when due. Benefits may be denied during the first 2 years if an Insured failed to give, to the best of their knowledge and belief, true and complete answers in your Application. All statements made at the time of Application will be deemed representations and not warranties. No statement will be used to void this Policy or be used in defense of a claim unless it is in the Application.

If this Policy is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if an Insured failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement Application.

**THE CONTRACT:** The Policy, any attached riders and endorsements, your application, and any rider applications make up the entire legal contract between the parties. A copy of your Application is attached to the Policy.

All statements made by an Insured are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by you. A copy of the Application will be sent to your Beneficiary if it used to contest a claim.

No change in this Policy is effective until approved by one of our officers. Such approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

**MISSTATEMENT OF AGE OR SEX:** If an Insured's Age or sex are incorrectly stated on your Application, the Insured's benefits of this Policy are changed to what the premium would have paid for at the correct Age or sex according to our rate at the Policy's Issue Date.

**ASSIGNMENT:** If you are the Owner, you may give your rights under this Policy to someone else. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our offices.

**NON-PARTICIPATING:** There are no dividends payable under this Policy. It does not share in our surplus earnings.

**OWNERSHIP:** This Policy belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Policy may be exercised solely by the Owner. This includes the right to change the beneficiary and assign benefits.

**CHANGE OF OWNERSHIP:** The Owner has the right to transfer this Policy to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

**PROOF OF LOSS:** A certified copy of the death certificate showing the date and cause of an Insured's death must be given to us as soon as possible after the date of death.

**TIME PAYMENT OF CLAIMS:** We will pay the benefit as soon as we receive proper Proof of Loss that is sufficient to determine our liability.

**AUTOPSY:** At our expense, we may have an autopsy done where it is not forbidden by law.

**[TEN] [FIFTEEN] [TWENTY] YEAR LEVEL TERM LIFE INSURANCE POLICY  
NON-RENEWABLE  
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST POLICY ANNIVERSARY  
CONVERTIBLE NON-PARTICIPATING**



**TRANSAMERICA LIFE INSURANCE COMPANY (herein "Transamerica")**

**Administrative Offices: [Valley Forge, Pennsylvania 19493]**

**Application For Individual Term Life Insurance**

**[Complete Personal Information]**

**[You]**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Sex: ☐ Male ☐ Female Height \_\_\_\_\_ Weight \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Beneficiary's Relationship to You \_\_\_\_\_

**Select Your Life Insurance Benefit Amount:**

[ ] \$100,000 [ ] \$75,000 [ ] \$50,000 [ ] \$25,000 [ ] \$10,000

If this coverage will replace or change any life insurance you have now, please check here: ☐

**Your Spouse (if applying for coverage)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Sex: ☐ Male ☐ Female Height \_\_\_\_\_ Weight \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

**Select Your Life Insurance Benefit Amount:**

[ ] \$100,000 [ ] \$75,000 [ ] \$50,000 [ ] \$25,000 [ ] \$10,000

If this coverage will replace or change any life insurance you have now, please check here: ☐

**Select The Term of Coverage For Your Policy [(Note: The Term of Coverage You Select will also be the Term of Coverage for your Spouse, if applying)]:** [ ] 10 Years [ ] 15 Years [ ] 20 Years [ ] 25 Years [ ] 30 Years

**Answer All Health Questions**

1. Have you used any tobacco or nicotine based products within the last 12 months? . . . . .
2. Within the past 10 years, have you had a driver's license suspended and/or revoked or been cited or arrested for driving while intoxicated (DWI)? . . . . .
3. Within the past 10 years, has a licensed medical doctor diagnosed you with or treated you for: any disease or disorder of the heart, blood, lungs, liver, kidneys; Acquired Immune Deficiency Syndrome (AIDS); any mental, nervous, circulatory, respiratory, digestive, neuromuscular, connective tissue or immune disorder; high blood pressure, stroke, hepatitis, cancer or tumor, diabetes, drug or alcohol abuse? . . . . .
4. Have you ever tested positive for HIV (Human Immunodeficiency Virus)? . . . . .

<b>You</b>		<b>Spouse</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Select How You Want To Pay:**

- [ ] Bill Me.
- [ ] Charge monthly premium to my Credit Card (Visa, Discover or MasterCard only):  
Account # [ ] - [ ] - [ ] - [ ] Expiration Date [ ] / [ ] Check here if this is a debit card ☐
- [ ] Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach to this application.

Subject to my account's rules, charge or deduct my premiums (including future changes to my insurance) by electronic or other method from the account selected above. I can cancel this payment at any time by writing to you.

I understand and affirm by my signature below that, to the best of my knowledge and belief, the information in this entire application is true and complete. I understand that if I fail to give true and complete answers on this application benefits may be denied during the first 2 Policy Years. I understand that no insurance is in effect unless the following happens while I am alive. Transamerica: (1) approves this application; and (2) receives the first premium [before] [within 21 days after] the effective date shown on the policy. I further understand that if I and my spouse apply for the insurance using this application and both are accepted for coverage then both will be covered under the one policy. If either I or my spouse is not accepted for coverage then the applicant that is accepted will be issued their own policy. **I have read my state's fraud notice [on the reverse side of this application] and the NOTICE TO APPLICANT enclosed with this application as required by the Fair Credit Reporting Act.**

**Authorization for disclosures of medical information to Transamerica Life Insurance Company**

**I understand I am not required to sign this authorization; however, without it Transamerica cannot achieve two purposes, (1) its underwriters can not determine my eligibility for insurance; and (2) its claim adjusters may not be able to pay my claim.** I authorize any medical practitioner, medical related institution, government agency, paramedic facility, medical record retrieval services, pharmaceutical services, insurance company, reinsurer, plan administrator, the MIB, Inc. or any Consumer Reporting Agency, to disclose to Transamerica **all of my medical records** (e.g., my medical history, diagnoses, symptoms, treatments, prescription drug information, alcohol or drug or tobacco use or abuse or information regarding communicable or infectious conditions, such as AIDS) except psychotherapy notes. I understand that entities to which this information may be disclosed may not be covered by federal privacy rules and if this information is redisclosed, it may no longer be protected by those rules. I understand this authorization or a copy: (1) expires 24 months from the date signed or if earlier, upon completion of any claim for benefits; (2) a copy will be sent to me; and (3) I may revoke it in writing at any time by sending written notice to Transamerica [Valley Forge, Pa. 19493] except to the extent it is already relied upon.

**X** \_\_\_\_\_  
Your Signature Date

**X** \_\_\_\_\_  
Your Spouse's Signature (if to be insured) Date

TLTL2300IPA

**Residents of ARKANSAS, NEW MEXICO, and OHIO:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

**Residents of DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicants.]

**Residents of KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Residents of LOUISIANA and RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Residents of MAINE, TENNESSEE, and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Residents of MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**Residents of NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

<i>SERFF Tracking Number:</i>	<i>AEGB-128476161</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>TLTL2300IP</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)</i>
<i>Product Name:</i>	<i>TLTL2300IP</i>		
<i>Project Name/Number:</i>	<i>Simplified Issue Term - 10, 15, 20 Year {TL}/L044</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	%
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Transamerica Life Insurance Company	%	%				%	%

<i>SERFF Tracking Number:</i>	<i>AEGB-128476161</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>TLTL2300IP</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)</i>
<i>Product Name:</i>	<i>TLTL2300IP</i>		
<i>Project Name/Number:</i>	<i>Simplified Issue Term - 10, 15, 20 Year {TL}/L044</i>		

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Rate Sheet		New		Rate Table TLTL2300IP.xlsx

*SERFF Tracking Number:*      *AEGB-128476161*      *State:*      *Arkansas*  
*Filing Company:*      *Transamerica Life Insurance Company*      *State Tracking Number:*  
*Company Tracking Number:*      *TLTL2300IP*  
*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.214 Specified Age or Duration -*  
*Fixed/Indeterminate Premium - Joint (First to*  
*Die)*  
*Product Name:*      *TLTL2300IP*  
*Project Name/Number:*      *Simplified Issue Term - 10, 15, 20 Year {TL}/L044*

Attachment "Rate Table TLTL2300IP.xlsx" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: AEGB-128476161 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number:

Company Tracking Number: TLTL2300IP

TOI: L04I Individual Life - Term Sub-TOI: L04I.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)

Product Name: TLTL2300IP

Project Name/Number: Simplified Issue Term - 10, 15, 20 Year [TL]/L044

## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification</p> <p><b>Comments:</b></p> <p><b>Attachments:</b></p> <p>Microsoft Word - TLTL2300IP Readability Cert.pdf</p> <p>Microsoft Word - AR Regulation 19 Certification.pdf</p> <p>Microsoft Word - AR Regulation 49 Certification.pdf</p>		
<p><b>Bypassed - Item:</b> Application</p> <p><b>Bypass Reason:</b> See Form Tab for copy of TLTL2300IPA.</p> <p><b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Life &amp; Annuity - Acturial Memo</p> <p><b>Comments:</b></p> <p><b>Attachment:</b></p> <p>Microsoft Word - Actuarial Memorandum.pdf</p>		
<p><b>Satisfied - Item:</b> Explanation of Variability</p> <p><b>Comments:</b></p> <p><b>Attachment:</b></p> <p>Microsoft Word - TLTL2300IP TLTL2300IPA Explanation of Variability.pdf</p>		

**TRANSAMERICA LIFE INSURANCE COMPANY  
FLESCH READABILITY CERTIFICATION**

**Form Number (may vary by state)**

**Flesch Score**

TLTL2300IP

53.4

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President of Contract Development

June 11, 2012  
Date

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Home Office: Cedar Rapids, Iowa**

**REGULATION 19 CERTIFICATION**

**RE: Forms TLTL2300IP and TLTL2300IPA**

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

*Cheryl Bock*

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Cheryl Bock  
Assistant Vice President

June 14, 2012

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Date



**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Home Office: Cedar Rapids, Iowa**

**REGULATION 49 CERTIFICATION**

**RE: Forms TLTL2300IP and TLTL2300IPA**

We certify that, for policies issued in the State of Arkansas on the above referenced form numbers, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.

*Cheryl Bock*

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Cheryl Bock  
Assistant Vice President

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June 14, 2012  
Date

## **Explanation of Variability – Policy TLTL2300IP and Application TLTL2300IPA**

### **Policy TLTL2300IP:**

#### **Page 1, Face Page**

1. Administrative Office Address: Transamerica Life Insurance Company has several administrative office locations. The policy may be solicited from and administered by one of three locations. The address on the forms will be one of the following:
  - a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
  - b) 520 Park Avenue  
Baltimore, Maryland 21201
  - c) Valley Forge, Pennsylvania 19493
2. The company toll-free telephone number will be the number for the company administrative office that issues and administers the issued policy.
3. When a policy is issued, term period of coverage shown in the policy description (at the bottom of the face page and last page) will be the period of coverage selected by the principal insured (either ten, fifteen, or twenty years).

#### **Page 2, Policy Schedule**

1. Policy Number is unique to each issued policy.
2. Policy Effective Date and Issue Date are unique to each issued policy.
3. The Term of Coverage will be the term selected by the Principal Insured - Ten, Fifteen, or Twenty Years.
3. The Policy Expiration Date is the date the policy stops at the end of a selected Term of Coverage.
4. Policy Owner will either be the Principal Insured or someone else if so selected by the Principal Insured.
5. The policy is designed to cover a Principal Insured only or a Principal Insured and his/her Insured Spouse if the spouse applies for coverage at the same time the Principal Insured applies and is also accepted for coverage.
6. The Principal Insured and Insured Spouse Face Amount will be each amount applied for and do not have to be the same amount. The available Face Amount ranges are \$10,000 to \$100,000.
7. The Principal Insured and Insured Spouse current age at time of issue.
8. Sex of the Principal Insured and Insured Spouse is case specific at time of issue; male or female.
9. Tobacco Usage of the Principal Insured and Insured Spouse will be either "yes" or "no" within the past 12 months according to their response to the application's tobacco use question.
10. The Principal Insured and Insured Spouse's Renewal Premiums and Guaranteed Maximum [Annual] Premium will be based on their Face Amount, issue age, gender, and tobacco use status and policy's term of coverage.
11. The Principal Insured's Renewal Premium and Guaranteed Maximum [Annual] Premium includes the \$30.00 annual policy fee.

If there is no Insured Spouse, then Insured Spouse Name, Age, Sex, Tobacco Use, Face Amount and Renewal Premium sections will be blank.

### **Page 3**

In When Coverage Starts, “on or before” and “within 21 days after” are bracketed so that a policy can be printed with “We must receive your first premium on or before the Policy Effective Date” or “We must receive your first premium within 21 days after the Policy Effective Date.”

### **Application TLTL2300IPA:**

1. The Administrative Office address may be.

- a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
- b) 520 Park Avenue  
Baltimore, Maryland 21201
- c) Valley Forge, Pennsylvania 19493

2. The main applicant section is bracketed so items may be rearranged or if the company knows the applicant's name, address, etc such information may be pre-printed on the application. The beneficiary designation in the principal insured's personal information section is bracketed so that it will not be part of the application when it is used with telemarketing or internet marketing. Due to systems constraints, we do not capture a beneficiary's name via the application when the application is taken over the telephone or internet. Instead, a beneficiary's name and relationship to the applicant is taken in a separate process and then recorded in the policy issue system. For applications used in direct mail marketing, the beneficiary designation section is on the application. When a paper application is received by the company, all information on the application including a beneficiary's name and relation to the applicant is manually recorded in our policy issue system.

3. Spouse sections (personal information, benefit selection, answers to health questions) throughout the application are bracketed to allow us to delete these sections if an insurance offer is made to one person rather than two (married) people.

4. In the Select The Term Of Coverage For Your Policy section, 10, 15, and 20 years and checkboxes will print when the application is used only with policy form TLTL2300IP. The company is currently developing a separate 25 and 30 year term life policy and intends to underwrite it with application TLTL2300IPA. When the application is used with the 25 and 30 year term policy, 25 and 30 will print on the application.

5. The billing section is bracketed so that it can be repositioned or billing options may be deleted to accommodate direct bill only or credit card/ bank deduction payment only offers or a combination of payment offers.

6. The statements “[before] and [within 21 days of]” in the affirmation paragraph are bracketed so that the application can be printed with “receives the first premium before the effective date shown on the policy” or “receives the first premium within 21 days after the effective date shown on the policy” to reflect the premium payment language that will be used in policy that will be issued on the basis of the printed application.

7. The statement “I have read the fraud notice . . .” sentence in the affirmation paragraph is bracketed so it may be deleted if the application is printed without the state fraud notices (if application is mailed in a state that does not require a fraud notice) or if the fraud notices are printed on the front of the application. The statement would appear on a printed application when space constraints require us to print the fraud notices on the reverse side of the application.

<i>SERFF Tracking Number:</i>	<i>AEGB-128476161</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>TLTL2300IP</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)</i>
<i>Product Name:</i>	<i>TLTL2300IP</i>		
<i>Project Name/Number:</i>	<i>Simplified Issue Term - 10, 15, 20 Year [TL]/L044</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
06/13/2012		Supporting Life & Annuity - Acturial Memo Document	06/21/2012	Microsoft Word - TLTL2300IPA.pdf (Superceded)